

Case Number:	CM15-0218341		
Date Assigned:	11/10/2015	Date of Injury:	02/14/2003
Decision Date:	12/21/2015	UR Denial Date:	10/29/2015
Priority:	Standard	Application Received:	11/05/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old male, who sustained an industrial injury on 2-14-03. Medical records indicate that the injured worker is undergoing treatment for cervical, thoracic and lumbar spine pain, right elbow pain, left knee pain, depressive disorder not otherwise specified with anxiety and psychological factors affecting medical condition. The injured workers current work status was not identified. On (10-20-15) the injured worker complained of depression, changes in appetite, lack of motivation, decreased energy, difficulty thinking, early morning awaking and difficulty getting to sleep. The injured worker also noted excessive worry, tension, feeling on edge, pressure, shaking, palpitations, shortness of breath, muscle tension and headaches. The injured workers improvement in symptoms included sleeping better, getting along better, less headaches, less nervous, less depressed, less yelling and spending less time in bed. The treating physician noted that the injured worker had been provided with general instructions on sleep hygiene including the preclusion of caffeinated beverages, sleep during the day, regular sleep time and other general advice on sleep time. Treatment and evaluation to date has included medications, MRI of the lumbar spine, urine drug screen and psychological assessments. Current medications include Lunesta, Fioricet, BuSpar and Bupropion. The treating physician discontinued the injured workers Restoril and prescribed Lunesta. The Request for Authorization dated 10-20-15 included a request for Lunesta #30 with 2 refills. The Utilization Review documentation dated 10-29-15 non-certified the request for Lunesta #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lunesta #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 64.

Decision rationale: The MTUS guidelines do not comment on insomnia. According to the ODG guidelines, recommend that treatment be based on the etiology, with the medications. Pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically. Secondary insomnia may be treated with pharmacological and/or psychological measures. In this case, the claimant was provided both Lunesta and Restoril for sleep. Sleep etiology or failure in behavioral interventions was not provided. Long-term use is not recommended. The Lunesta with 2 refills is not medically necessary.